Clinical Research Center
Workforce Plan: FY 2002-2003

What skills are currently vital to the accomplishment of the agency's goals and objectives?

The Clinical Research Center is the clinical research facility of the NIH. It provides patient care, services, training and the environment in which NIH clinician-scientists creatively translate emerging knowledge into better understanding, detection, treatment and prevention of human diseases for the health of a diverse nation. As a result, approximately 70% of the projected FY 2002 and 2003 hires relate to provision of patient care within the clinical research infrastructure. Skill requirements for clinical research staff are similar to those required at tertiary care academic medical centers, with additional requirements for special training in: data collection and management; use of information technology (e.g., electronic medical record, telemedicine); ethical issues in human subjects research; clinical trials methodology; biostatistics; and regulatory issues. Additionally, staff with highly specialized skills such as radiochemists for positron emission tomography (PET) studies and dietitians with extensive clinical knowledge of multiple disease modalities are vital members of the team. The orientation and training required to achieve full proficiency in provision and support of clinical research is longer than at comparable non-research-based health care facilities. This requires a larger than usual investment in orientation, training and support for new staff.

What changes are expected in the work of the agency (e.g. due to changes in mission/goals, technology, new/terminated programs or functions, and shifts to contracting out)? How will this affect the agency's human resources? What skills will no longer be required, and what new skills will the agency need in the next five years?

While the mission and goals of the Clinical Center are expected to remain stable, the team of professionals comprising the clinical research infrastructure is evolving. The traditional healthcare team (physicians, nurses, and allied health professionals) is being supplemented with a growing clinical research team. This team, possessing a combination of specialized clinical and technical skills, includes research nurses, data managers, information technology specialists, protocol mappers, study coordinators, and epidemiologists/biostatisticians. The CC keeps up with changes in medicine and technology through ongoing staff training. As a result, the CC employs a staff of highly trained clinical research professionals. This broadening of skills is in contrast to private sector healthcare where the trend has been on "down skilling" (e.g., use of licensed practical nurses) to save money.

The NIH is constructing a new hospital, the Mark O. Hatfield Clinical Research Center, scheduled to open in 2003. This new facility will incorporate restructured multi-Institute ("program-based") patient care units. This will reduce the number of unit-based management staff needed for the hospital, and will maximize staffing flexibility by providing a more broadly skilled clinical staff that is able to work with multiple patient populations.

As with any hospital, the CC must maintain a constant focus on provision of outstanding customer service to a diverse patient and employee population. A new "customer service" training program for all hospital employees will be required. Employees will be held accountable by establishing "provision of excellent customer service" as a baseline competency and through inclusion of a customer service criterion in annual performance plans.

What recruitment, training, and retention strategies are being implemented to help ensure that the agency has, and will continue to have, a high-quality, diverse workforce?

To assure the recruitment, retention, and employment satisfaction of the high quality staff necessary to achieve CC goals, the CC, with approval from NIH and the Office of the Secretary, is implementing an alternative Title 42 personnel system for new nurses and allied health specialists, as well as current employees who choose to convert. Hiring will be streamlined, compensation will be more flexible, and performance management will be supported by competency-based pay. As a result, the CC can be more competitive in the highly dynamic healthcare labor market, "staff up and down" more easily, and respond quickly changing program needs.

The Clinical Center recently completed a study of recruitment and retention of nurses. "Floating" to other units is considered a "disincentive". Under the Title 42 authority, the CC plans to establish a more traditional float pool where staff can be assigned to multiple patient care units and be compensated competitively. The new Nursing Director has established a weekly communication email, an inexpensive yet effective means of improving internal communication between management and staff levels, another area noted for improvement in the employee retention study.

As the CC implements a new Clinical Research Information System (CRIS), employees will be required to develop their computer competencies through on-the-job training and increased formal training. The new CRC facility will be "filmless" in a move to digitized imaging. This transition requires employee training in new computer skills and work redesign in some jobs, such as film librarians, as films are eliminated.

The CC has established a Quality of Worklife and Diversity Council to make recommendations to management on these issues. We anticipate developing new programs more consistent with the desires and needs of the workforce of 2000, and to focus our efforts in recruiting and serving a diverse patient population. An initial effort has resulted in the hiring of multi-lingual staff to assist patients in communication and minimize anxiety levels as they cope with their diseases.

How is the agency addressing expected skill imbalances due to attrition, including retirements over the next five years?

Attrition becomes a problem for the Clinical Center due to lack of adequate replacement for critical staff, such as nurses. One major challenge in running the hospital is the aging of the nursing work force and the simultaneous impact of the national nursing shortage. While pay and administrative delays have been problematic in the past, the use of Title 42 for clinical research staff will allow the CC to be more efficient and competitive in recruitment. Additionally, the CC has launched a recruitment strategy aimed at hiring new nursing graduates. By developing in-house training programs, such as in neurology, oncology, and critical care nursing, the CC is able to attract new graduate nursing staff and invest in training that prepares us to meet current and future needs.

What challenges impede the agency's ability to recruit and retain a high-quality, diverse workforce?

Administrative restrictions and delays affecting high paid physicians may have an impact on the CC in the future. Most of these staff are in great demand and command high salaries. Nationwide and local occupational shortages (e.g. nurses, pharmacists) also affect the CC, necessitating flexible and efficient administrative and pay processes. Workforce shortages have created an extremely competitive hiring environment. The speed at which pay can be set, offers turned around, and start dates agreed upon are pivotal factors in recruiting highly qualified candidates. Recruitment is also very seasonal, which means that hiring delays or freezes during the critical spring recruitment season may mean a delay of a year in staffing critical clinical programs

Where has the agency successfully delegated authority or restructured to reduce the number of layers that a programmatic action passes through before it reaches an authoritative decision point (e.g. procuring new computers, allocating operating budgets, completely satisfying a customer's complaint, processing a benefits claim, and clearing controlled correspondence)? Where can the agency improve its processes to reduce the number of layers that a programmatic action passes through before it reaches an authoritative decision point? Please provide at least two examples of each.

The delegations of personnel authorities a few years ago was one of the most important actions of the Secretary, HHS. This allowed enhanced efficiency in decision-making by investing more authority locally. Approval of the expansion of Title 42 for clinical research support staff also provides added flexibility for pay (without requiring additional costs) and improves the CC's positioning in a very competitive healthcare labor market.

What barriers (statutory, administrative, physical, or cultural) has the agency identified to achieving workforce restructuring?

Previous barriers in Title 5 that led to inefficiencies have been largely removed through the implementation of Title 38 and Title 42. We hope that delegation of HR authorities will continue with only broad goals established for each organization. We would hope that additional options such as buyouts and early outs would be approved so that managers would be able to use them where appropriate to aid in workforce restructuring.

CC Hiring Plans for FYs 2002/2003

	FY 2002	FY 2003	Total
INTRAMURAL			
Senior Investigators [1]	0	0	0
Investigators [1]	3	3	6
Other MD/PhDs, in FTE positions	15	15	30
Other MD/PhDs in non-FTE positions (IRTA, VF)	17	17	34
Other lab/clinical staff => GS-13	10	10	20
Other lab/clinical staff =< GS-12	175	175	350
Admin/support staff => GS-13	5	5	10
Admin/support staff =< GS-12	38	38	76
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 [2]	0	0	0
Summer and other temps not listed above (include summer IRTAs)	65	65	130
TOTAL INTRAMURAL	328	328	656
EXTRAMURAL			
HSAs/SRAs and other senior level science administrators => GS-13	0	0	0
Other science administration positions =< GS-12	0	0	0
Grants Management and R&D Contract Staff => GS-13 [3]	0	0	0
Grants Management and R&D Contract Staff =< GS-12 [3]	0	0	0
Administrative and support staff => GS-13	0	0	0
Administrative and support staff =< GS-12	0	0	0
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 [2]	0	0	0
Summer and other temps not listed above	0	0	0
TOTAL EXTRAMURAL	0	0	0
IC TOTAL	328	328	656

[1] Using OIR professional designations

[2] Include all wage grade positions related to infrastructure in this group

[3] Includes 1101, 1102, 301 and 303 series where individual is engaged in these activities on a full-time basis.